



## Exhibitor Opportunities

Become part of the movement to ensure a barrier-free, high quality health care system that's

**Affordable • Available • Accessible • Appropriate • Acceptable**

### About the Conference

Indiana Primary Health Care's (IPHCA) 2017 Annual Conference will attract more than 275 Community Health Center (CHC) CEOs / Executive Directors, CFOs, Medical Directors, IT Directors, Physicians, Front Desk Staff, other staff, and CHC Board Members. This event offers significant networking time with key decision makers, to discuss relevant products and services.

### Show Hours

Exhibitor Set-up: Sunday, April 29th	5:00 PM – 9:00 PM
Exhibitor Hours (1st day): Monday, April 30th	7:30AM – 4:30 PM
Exhibitor Hours (2nd day): Tuesday, May 1st	7:30AM – 4:00 PM
Exhibitor Tear-down: ** Tuesday, May 1st	2:00PM – 3:30 PM

\*\*due to the bingo contest, please make sure that you have a representative at the booth for the entire show

### Cost / Space Assignment

The cost to exhibit is \$1600 for the conference. Cost includes a 6'x3' draped table, two chairs, and the final attendee list. Meals will be provided (Monday/Tuesday) for TWO representatives. Space will be assigned on a first-come/first-serve basis, taking electricity and internet connection and sponsorships. All booths will have access to internet and electricity.

Exhibitors will be recognized in all promotional emails/materials once committed. Exhibitors will be recognized in the Conference Program (if committed before April 1), as well as on IPHCA's website. \*Special non-profit rates: \$900 for full conference.

### Brochure Advertisements

Quarter Page Ad @ \$400      Half Page Ad @ \$600      Full page Ad @ \$1000

All advertisements must be submitted by April 1<sup>st</sup> in EPS, PNCs or high quality jpegs formats.

### Raffle

Exhibitors wishing to hold a raffle may announce winners at the special Awards Event on Tuesday. Exhibitors will need to provide their own containers to collect names and entry forms (or business cards).

### Hotel Reservations

The venue is the Indianapolis Marriott North hotel (see "Shipping Information", below). Contact the hotel directly for room reservations (800-228-9290), and be sure to specify "IPHCA Annual Conference" for any available discount

### Shipping Information

Costs associated with shipping exhibit materials will be billed directly to the vendor. Handling charges apply, depending on size / weight of items being received and moved. Contact Jason Bundy (see below) for specific charges.

**Materials sent to the hotel must be marked as follows:**

(Complete Return Address)

Name of Group and On-Site Contact (address to the person who will be on-site)

c/o Indianapolis Marriott North

3645 River Crossing Parkway

Indianapolis, IN 46240

Hold for IPHCA Annual Conference (April 29- May 1, 2018) Hotel Catering/Convention Services Manager: Cerissa Scholl

To reserve your exhibitor space, please complete the application in full. No refunds will be made after April 7, 2018.

Company Name: [Click here to enter text.](#)

Contact Name: [Click here to enter text.](#)

Street/City/ZIP: [Click here to enter text.](#)

Phone: [Click here to enter text.](#) Fax: [Click here to enter text.](#) E-mail: [Click here to enter text.](#)

Should we print the above information in the Exhibit/Sponsor Directory?  Yes  No (Please list how it should appear):

Company Name: [Click here to enter text.](#)

Contact Name: [Click here to enter text.](#)

Street/City/ZIP: [Click here to enter text.](#)

Phone: [Click here to enter text.](#) Fax: [Click here to enter text.](#) E-mail: [Click here to enter text.](#)

Product or service to be displayed:

[Click here to enter text.](#)

Company representatives to attend conference:

Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Our Business is a [Choose an item.](#)

- Quarter page Ad \$400
- Half page Ad \$600
- Full page Ad \$1000

Payment Information (please check one):

Enclosed is my check made payable to "IPHCA"

Please charge my credit card, choose one: Mastercard

Card Number: [Click here to enter text.](#)

Exp Date: [Click here to enter text.](#)

CVV Code: Enter number

Cardholder's Name: [Click here to enter text.](#)

Billing Address, Same as Above?  Yes  No If no, fill out full address.

Street/City/ZIP: [Click here to enter text.](#)

X

Cardholder's name

Cardholder's Title

Mail, fax, or email this form to: **IPHCA - Attention: Jason Bundy**

**429 N. Pennsylvania Street, Suite 333, Indianapolis, IN 46204, Fax: 317-630-0849, Email: [jbundy@indianapca.org](mailto:jbundy@indianapca.org)**